

# Clean Vehicle Rebate Program Application Guide for Funding Round 3

Updated 6/4/2018

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## Application Checklist

Submitting incomplete or incorrect documents will delay the processing time of your application. To ensure that your rebate is released in a timely fashion, use this checklist to ensure that you have submitted all of the correct materials

### **Application Form**

- ☐ I have reviewed the eligibility requirements for the program, found at [www.de.gov/cleantransportation](http://www.de.gov/cleantransportation)
- ☐ My application form has ALL of the fields correctly completed.
- ☐ I have included my temporary tag number or license plate number for the vehicle
- ☐ I have completed the section titled “If Purchaser is Receiving Rebate” of the application
- ☐ The Dealer Manager or Owner signed my application

### **Purchase/Lease Agreement**

- ☐ I have provided a copy of my purchase, financing, or lease agreement
- ☐ If leased, the lease agreement is for a minimum of 3 years/ 36 months

### **Delaware Driver’s License, Business License, or Proof of Service Letter**


- ☐ The copy of my Delaware Driver’s License, Business License, or Proof of Service Letter is legible and included with the application

### **W-9 Form**

- ☐ I have completed and submitted a W-9 form online (there is no need to submit a copy with the application package). This form can be found as part of the eSupplier portal at <https://esupplier.erp.delaware.gov>
- ☐ I have reviewed the W-9 guide to ensure that all fields were completed correctly (available at [www.de.gov/cleantransportation](http://www.de.gov/cleantransportation))

## Signed Application Form: Customer Receiving Rebate

- The application must have all required fields completed and legible.
- Complete the section titled "If Purchaser is Receiving Rebate."
- Make sure that the Dealership manager/owner signed the bottom of page two (Note: Tesla's may get the salesperson to sign this document).

 <b>Delaware Clean Vehicle Rebate Program</b> (Invoice number (internal use)) <b>Vehicle Rebate Application Form- Funding Round 3</b> Division of Climate, Coastal, & Energy 100 W. Water Street, Suite 5A, Dover, DE 19904 Phone: (302) 735 - 3480 Fax: (302) 739 - 1840 Website: <a href="http://www.de.gov/cleantransportation">http://www.de.gov/cleantransportation</a> Email for submission: <a href="mailto:DNREC.Transportation@state.de.us">DNREC.Transportation@state.de.us</a>	
<b>Vehicle Type (Please circle one):</b> Battery Electric (Plug-in Hybrid) V2G; Natural Gas; Propane; Retrofitted; Bi-Fuel	
<b>Applicant/Purchaser Information</b>	
Name of Purchaser: Anita V. Hickles	
Email: anita.v123@evform.com	
Daytime Phone: 302-555-1234 Cell Phone: 302-555-8926	
Mailing Address: 569 Roberta Rd.	
City: Dover	State: DE Zip code: 19901
Street Address (as it appears on Driver's License) Same as above: <input checked="" type="checkbox"/>	
City:	State: Zip code:
Driver's License Number (or Business License Number): 19473235, DE	
<b>Dealership Information</b>	
Name of Dealership: Clean Air Cars DE	
Contact Person or Salesperson Name: Barney Northrup	
Email Address (for Dealership Contact Person): bnorthrup@cacde.com	
Dealership Mailing Address: 1452 W Lebanon Rd.	
City: Dover	State: DE Zip code: 19901
Daytime Phone: 302-471-8621	
<b>Vehicle Information</b>	
Make: Ford	Model: C-Max Energi Year: 2018
Vehicle Identification Number (VIN): VIN # HERE	
License Plate OR Temporary Tag Number: XPS19C38	
<b>Purchase Information</b>	
Date of New Vehicle Purchase: 6/19/2018	
MSRP of Vehicle: 28,000 Total Price Paid (Before Delaware Rebate): 26,500	
Select one of the following: <input checked="" type="checkbox"/> Vehicle was purchased/financed <input type="checkbox"/> Vehicle was leased for at least 36 months	

Please complete page three of the application


The temporary tag number is acceptable in this field

Applicants who have purchased a Tesla may get the salespersons signature instead of a Dealer Owner or Manager Signature

Purchaser Name: _____ Page 3 of 3	
<b>IF PURCHASER IS RECEIVING REBATE:</b> Purchaser must acknowledge all required documentation, initial each clause in the space provided, sign, and obtain the Dealer Owner/Manager signature:	
<b>Documents:</b> The documents listed below must be submitted with your application	
<u>AH</u>	State Substitute W-9 Form. Please fill out W-9 ONLINE at <a href="https://esupplier.crp.delaware.gov">https://esupplier.crp.delaware.gov</a>
<u>AH</u>	Final proof of payment submitted (sales slip) - OR - Lease agreement (leases must be for no less than 3 years/36 months)
<u>AH</u>	Copy of Delaware State Driver's License, Business License, or Military Proof of Service Letter
<b>Applicant Declarations:</b> Please initial next to each statement, signifying that you agree.	
<u>AH</u>	- I certify that I am a resident of the State of Delaware or Delaware based business and the information provided on this application is true and correct.
<u>AH</u>	- I have read, understand and agree to the eligibility requirements (found at <a href="http://www.de.gov/cleantransportation">www.de.gov/cleantransportation</a> ).
<u>AH</u>	- I understand that rebate funding is limited and subject to availability, and that this application does not guarantee payment.
<u>AH</u>	- I understand and accept that rebate processing will take at least 6-8 weeks from the date the Division of Climate, Coastal, & Energy receives a <b>complete</b> rebate application.
<u>AH</u>	- I understand that only vehicles purchased between July 1, 2018 and December 31, 2019 are eligible for this round of funding under the Clean Vehicle Rebate Program.
<u>AH</u>	- I understand that incomplete applications will not be processed and submitting an incomplete application may result in loss of rebate due to limited funding availability.
<b>Purchaser</b> Printed Name: Anita V. Hickles Date: 6/27/18 Signature: <u>Anita V. Hickles</u>	<b>Dealer Owner or Manager Signature</b> Printed Name: BARNEY NORTHROP Date: 6 Jun 18 Signature: <u>B. Northrup</u>
<b>IF DEALERSHIP IS RECEIVING REBATE:</b> Participating Dealership is receiving rebate on the customer's behalf. Dealer must fill out the information below, sign, and obtain the purchaser's signature:	
Name of Participating Dealership: _____	
Email: _____	Phone: _____
Mailing Address: _____	
The Participating Dealership must submit the following on behalf of the purchaser to ensure rebate payment. The Participating Dealership Owner or Manager must acknowledge submittal of documentation and sign below.	
<input type="checkbox"/> IF FINANCED/PURCHASED: Final proof of payment (sales slip).	OR <input type="checkbox"/> IF LEASED: Lease agreement and terms of lease.
AND <input type="checkbox"/> A copy of Delaware Driver's License	AND <input type="checkbox"/> Proof that customer received rebate
For Purchaser: Please transfer this rebate payment to the above named company. I understand that I will not directly receive the rebate payment for this purchase.	
Purchaser Signature: _____	Date: _____
Dealer Owner/Manager Signature: _____	
Printed Name: _____	Date: _____
Signature: _____	

## Signed Application Form: Participating Dealership Receiving Rebate

- The application must have all required fields completed and legible.
- Complete section titled "IF DEALERSHIP IS RECEIVING REBATE."
- Make sure that the purchaser has signed the application.
- Provide documentation stating or showing where the rebate was taken off the final bill of sale.

 <b>Delaware Clean Vehicle Rebate Program</b> <small>Invoice number (internal use)</small> <b>Vehicle Rebate Application Form- Funding Round 3</b> Division of Climate, Coastal, & Energy 100 W. Water Street, Suite 5A, Dover, DE 19904 Phone: (302) 735 - 3480 Fax: (302) 739 - 1840 Website: <a href="http://www.de.gov/cleantransportation">http://www.de.gov/cleantransportation</a> Email for submission: <a href="mailto:DNREC.Transportation@state.de.us">DNREC.Transportation@state.de.us</a>	
<b>Vehicle Type (Please circle one):</b> <input checked="" type="radio"/> Battery Electric <input type="radio"/> Plug-in Hybrid <input type="radio"/> V2G <input type="radio"/> Natural Gas <input type="radio"/> Propane <input type="radio"/> Retrofitted Bi-Fuel	
<b>Applicant/Purchaser Information</b>	
Name of Purchaser: <u>John Wilmington</u>	
Email: <u>j.wilmington@cleanvehicles.net</u>	
Daytime Phone: <u>302-171-6507</u>	Cell Phone: <u>302-761-1507</u>
Mailing Address: <u>27 Guntres Drive</u>	
City: <u>Bear</u>	State: <u>DE</u> Zip code: <u>19701</u>
Street Address (as it appears on Driver's License) Same as above: <input checked="" type="checkbox"/>	
City:	State: Zip code:
Driver's License Number (or Business License Number):	
<b>Dealership Information</b>	
Name of Dealership: <u>Clean Car Dealership</u>	
Contact Person or Salesperson Name: <u>Arnold Bjornson</u>	
Email Address (for Dealership Contact Person): <u>bjornson@ccj.com</u>	
Dealership Mailing Address: <u>5481 Maple Brook Rd.</u>	
City: <u>Wilmington</u>	State: <u>DE</u> Zip code: <u>19808</u>
Daytime Phone: <u>302-562-8347</u>	
<b>Vehicle Information</b>	
Make: <u>Chevrolet</u>	Model: <u>Bolt</u> Year: <u>2018</u>
Vehicle Identification Number (VIN): <u>VIN # HFRG</u>	
License Plate OR Temporary Tag Number: <u>XP556189</u>	
<b>Purchase Information</b>	
Date of New Vehicle Purchase: <u>6/15/18</u>	
MSRP of Vehicle: <u>41,000</u>	Total Price Paid (Before Delaware Rebate): <u>41,000</u>
Select one of the following: <input checked="" type="checkbox"/> Vehicle was purchased/financed <input type="checkbox"/> Vehicle was leased for at least 36 months	

Please complete page three of the application

Purchaser Name: _____		Page 3 of 3
<b>IF PURCHASER IS RECEIVING REBATE:</b> Purchaser must acknowledge all required documentation, initial each clause in the space provided, sign, and obtain the Dealer Owner/Manager signature:		
<b>Documents:</b> The documents listed below must be submitted with your application _____ State Substitute W-9 Form. Please fill out W-9 ONLINE at <a href="https://esupplier.erp.delaware.gov">https://esupplier.erp.delaware.gov</a> _____ Final proof of payment submitted (sales slip) - <b>OR</b> - Lease agreement (leases must be for no less than 3 years/36 months) _____ Copy of Delaware State Driver's License, Business License, or Military Proof of Service Letter		
<b>Applicant Declarations:</b> Please initial next to each statement, signifying that you agree.		
_____ I certify that I am a resident of the State of Delaware or Delaware based business and the information provided on this application is true and correct. _____ I have read, understand and agree to the eligibility requirements (found at <a href="http://www.de.gov/cleantransportation">www.de.gov/cleantransportation</a> ). _____ I understand that rebate funding is limited and subject to availability, and that this application does not guarantee payment. _____ I understand and accept that rebate processing will take at least 6-8 weeks from the date the Division of Climate, Coastal, & Energy receives a <b>complete</b> rebate application. _____ I understand that only vehicles purchased between July 1, 2018 and December 31, 2019 are eligible for this round of funding under the Clean Vehicle Rebate Program. _____ I understand that incomplete applications will not be processed and submitting an incomplete application may result in loss of rebate due to limited funding availability.		
<b>Purchaser</b> Printed Name: _____ Date: _____ Signature: _____		<b>Dealer Owner or Manager Signature</b> Printed Name: _____ Date: _____ Signature: _____
<b>IF DEALERSHIP IS RECEIVING REBATE:</b> (Participating Dealership is receiving rebate on the customer's behalf) Dealer must fill out the information below, sign, and obtain the purchaser's signature:		
Name of Participating Dealership: <u>Clean Car Dealership</u>		
Email: <u>bjornson@ccj.com</u>		Phone: <u>302-562-8347</u>
Mailing Address: <u>5481 Maple Brook Rd., Wilmington, DE 19808</u>		
The Participating Dealership must submit the following on behalf of the purchaser to ensure rebate payment. The Participating Dealership Owner or Manager must acknowledge submittal of documentation and sign below.		
<input checked="" type="checkbox"/> IF FINANCED/PURCHASED: Final proof of payment (sales slip). <b>OR</b> <input type="checkbox"/> IF LEASED: Lease agreement and terms of lease. <b>AND</b> <input checked="" type="checkbox"/> A copy of Delaware Driver's License <b>AND</b> <input checked="" type="checkbox"/> Proof that customer received rebate		
For Purchaser: Please transfer this rebate payment to the above named company. I understand that I will not directly receive the rebate payment for this purchase.		
Purchaser Signature: <u>J. Wilmington</u>		Date: <u>6/22/18</u>
Dealer Owner/Manager Signature: _____		
Printed Name: <u>Arnold Bjornson</u>		Date: <u>6/15/18</u>
Signature: <u>Bjornson</u>		

## Delaware Driver's or Business License

- I have provided a copy of my Delaware Driver's or Business License



The back of the license is NOT required

OR

LICENSE NO.		STATE OF DELAWARE DIVISION OF REVENUE		VALID	
POST CONSPICUOUSLY		ELI-350 CODE GROUP CODE	377	ELI-350 ACTIVITY	WHOLESALE-ANY PRODUCTS
DLN:		NOT TRANSFERABLE			
DATE ISSUED:					
LICENSE FEE:					
		BUSINESS LICENSE		BUSINESS LOCATION	
<small>IS HEREBY LICENSED TO PRACTICE, CONDUCT OR ENGAGE IN THE OCCUPATION OR BUSINESS ACTIVITY INDICATED ABOVE IN ACCORDANCE WITH THE LICENSE APPLICATION JULY FILED PURSUANT TO TITLE 30, DEL. CODE</small>					
				DIRECTOR OF REVENUE	

### IMPORTANT - TEAR AT ABOVE PERFORATION AND DISPLAY IN A PUBLIC LOCATION

Federal E.I. No. or  
Social Security Number 111 11 1111

Business Code  
Group Code 377

Licensed  
Activity WHOLESALE-ANY PRODUCTS

The State of Delaware Business License printed above must be posted in a public area at the location address listed. If you have any questions regarding this license, please call (302) 577-8778.




## Proof of Service Letter

- If an applicant is in the Military and stationed in Delaware, but with a driver's license from a different state, the applicant may submit a Proof of Service Letter in lieu of a copy of their driver's license.

<b>DEPARTMENT OF THE AIR FORCE HEADQUARTERS AIR FORCE PERSONNEL CENTER RANDOLPH AIR FORCE BASE TEXAS</b>		
<b>FROM:</b> HEADQUARTERS AIR FORCE PERSONNEL CENTER	<b>CURRENT DATE</b>	
<b>SUBJECT:</b> OFFICIAL PROOF OF SERVICE LETTER		
1. This information is retrieved directly from the Air Force Personnel Database at Randolph Air Force Base Texas. All questions regarding the validity of this letter should be referred to the member's servicing military personnel section, or the Total Force Service Center - San Antonio at 1-800-525-0102.		
<b>NAME</b> FIRST MI LAST	<b>SSAN</b> 000-00-0000	<b>DATE</b> DD MMM YYYY
<b>SERVICE DATES:</b>		
a. RANK: XXX b. DATE OF RANK: DD MMM YYYY c. EXTENDED ACTIVE DUTY: DD MMM YYYY d. DATE OF ENLISTMENT: DD MMM YYYY e. TERM OF ENLISTMENT: X f. TOTAL ACTIVE FEDERAL MILITARY SERVICE DATE: DD MMM YYYY g. DATE OF SEPARATION: DD MMM YYYY h. PAY DATE: DD MMM YYYY i. DATE ELIGIBLE RETURN FROM OVERSEAS: ***** j. DATE OF BIRTH: DD MMM YYYY k. LOST TIME: 0		
Note : ***** Denotes No Data		
2. Member is currently serving on extended active duty.		
<b>ELECTRONICALLY GENERATED SIGNATURE IMPLIED</b>		
THIS DOCUMENT CONTAINS INFORMATION WHICH MUST BE PROTECTED IAW AFI 33-332 AND DOD REGULATION 5400.11. PRIVACY ACT OF 1974, AS AMENDED, APPLIES.		

- W-9 Form (available at <https://esupplier.erp.delaware.gov>) Rebate recipients will complete this form as a “supplier” and a “user”
- This form allows our fiscal department to release a rebate to you



State of Delaware

Supplier Public Home Page

Sign In

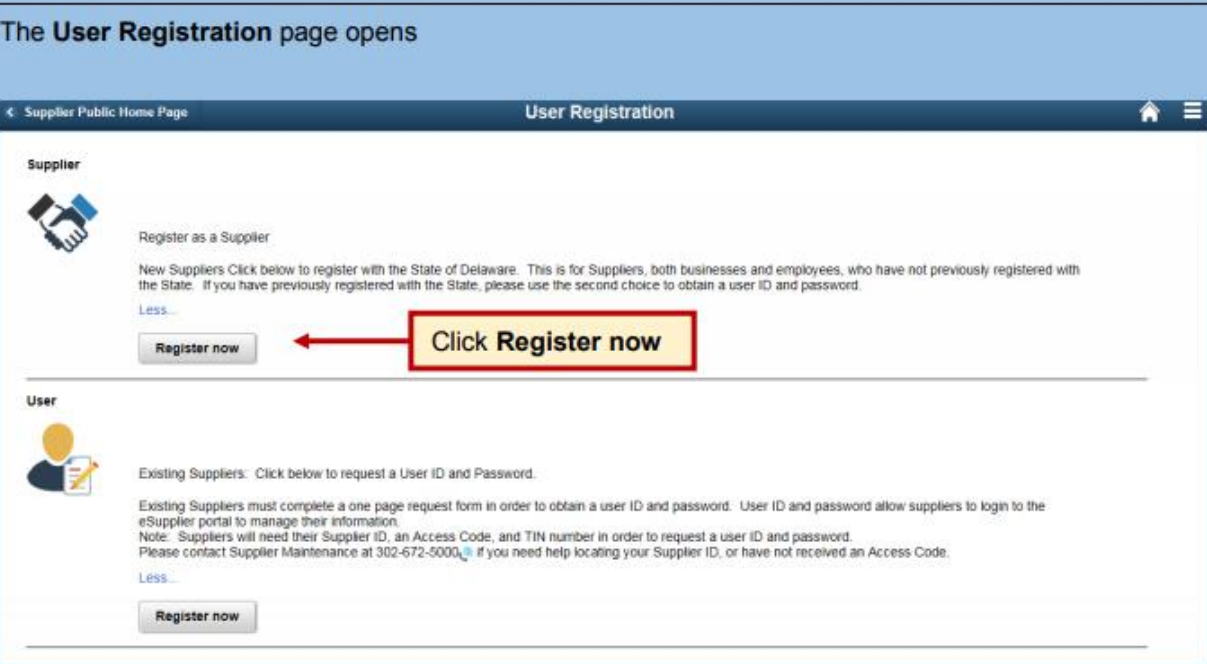
User Registration

Announcements

FAQs | Contact Us

Click User Registration tile

The User Registration page opens



Supplier Public Home Page

User Registration

Supplier

Register as a Supplier

New Suppliers Click below to register with the State of Delaware. This is for Suppliers, both businesses and employees, who have not previously registered with the State. If you have previously registered with the State, please use the second choice to obtain a user ID and password.

Less...

Register now

Click Register now

User

Existing Suppliers: Click below to request a User ID and Password.

Existing Suppliers must complete a one page request form in order to obtain a user ID and password. User ID and password allow suppliers to login to the eSupplier portal to manage their information.

Note: Suppliers will need their Supplier ID, an Access Code, and TIN number in order to request a user ID and password.

Please contact Supplier Maintenance at 302-672-5000 if you need help locating your Supplier ID, or have not received an Access Code.

Less...

Register now

Continue to the next page



### The New Supplier Registration Welcome box opens

**New Supplier Registration**

Welcome Identifying Information W9 Information Addresses Contacts Payment Information

Exit Previous Next

**Welcome - Step 1 of 7**

The State of Delaware requires the following information for all Suppliers (payees) before any payments can be issued. This information is used to populate and maintain the State's vendor file.

Select an activity below:

☒ Start a new registration form

What type of entity do you represent?

☒ Business (Business/individual providing goods or services to the State of Delaware)

☐ Employee (State of Delaware Employee with an Employee ID)

☐ Continue from where you left off (open a registration form that you previously saved for later)

Exit Previous Next

\* Required field

### The New Supplier Registration Identifying Information box opens

**New Supplier Registration**

Welcome Identifying Information W9 Information Addresses Contacts Payment Information

Exit Previous Next

**Identifying Information - Step 2 of 7**

Unique ID & Company Profile

\* Tax Identification Number

\* Entity Name

Profile Questions

\* May we contact you about receiving credit card payments?

No Yes

Additional Reporting Elements

Please check all that apply:

☐ Emerging Small Business

☐ Women-Owned Business

☐ Veteran

☐ Disabled

☐ Minority Owned

Comments

Exit Previous Next

Click the **Business** radio button

Click **Next**

Enter your **Social Security** number or **Tax Identification Number**

Enter your **name** or the **name of the business** receiving the rebate

Select **No** or **Yes** from the drop down box

Check all that apply  
If none apply, leave blank  
Click **Next**

**Comments are optional:** If you would like to provide a note regarding the services you are providing or other information for the Supplier Maintenance team to see, enter it here. This is **NOT** required.

## The New Supplier Registration W9 Information box opens

**New Supplier Registration**

Welcome Identifying Information **W9 Information** Addresses Contacts Payment Information

Exit Previous Next

**W9 Information - Step 3 of 7**

Check appropriate box for federal tax classification.

☒ **Individual/sole proprietor or single-member LLC**

Will your business be receiving payment from the State of Delaware for any of the following? Check applicable response(s).

☐ Rents ☐ Gross Attorney Proceeds ☐ Non-Employee Compensation (excludes reimbursements)

☐ Prizes and Awards ☐ Agriculture Payments ☐ N/A- Providing goods or receiving a reimbursement

☐ Medical & Health Care Services ☐ Taxable Grant Payments

☐ Legal Services ☐ Interest Income

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/Estate

☐ Limited Liability Company

☐ Other

☐ Exemptions

**Select "Individual Sole Proprietor" followed by "Taxable Grant Payments"**

**Click Next**

Exit Previous Next

## The New Supplier Registration Addresses box opens

**New Supplier Registration**

Welcome Identifying Information W9 Information **Addresses** Contacts Payment Information

Exit Previous Next

**Addresses - Step 4 of 7**

**Primary Address**

\* Country **USA** United States

Address 1

Address 2

City Postal

State

\*Email Address (used for ACH Remittance Notifications)

**Enter Primary Address information**

**Enter Email ID**

*Note: If you opt to receive payment via ACH (direct deposit), this is the email address the ACH remittances will be sent to*

**Other Addresses**

Check boxes below to indicate addresses that are different from your Primary Address above:

☐ **Remit To Address**  
Address for remitting payment

☐ **Invoice Address**  
Address from which you send invoices

**Click the Remit To or Invoice Address Box and enter address information if different from Primary Address**

**Click Next**

Exit Previous Next

### The New Supplier Registration Contacts box opens

**New Supplier Registration**

Welcome Identifying Information W9 Information Addresses **Contacts** Payment Information

Exit Previous Next

**Contacts - Step 5 of 7**

**Company Contacts**

You have not added any contact information to your application. Click "Add Contact" button to add new contact information.

Add Contact Click Next

Exit Previous Next

\* Required field

### The Add Contacts box opens

**Add Contacts**

**Contact Information**

\* First Name  ☐ Primary Contact

\* Last Name

Title

\* Email Address

\* Telephone  Ext.

Fax Number

Contact Type

**User Profile Information**

Please create a user ID and password. Once your supplier account is approved, you will receive email confirmation and use this ID and password to login should you require future updates.

\* Requested User ID

\* Password

\* Confirm Password

OK Cancel

**Enter your Contact Information**

*Note: Fields with an asterisk (\*) are required fields*

**Create a User ID**

**Create a Password**

**Password Requirements:**

- Minimum 10 characters
- At least one upper case
- At least one lower case
- At least one number
- At least one special character

**Confirm your Password**

**Click OK**

You will be returned to the Contacts box

**New Supplier Registration**

Welcome Identifying Information W9 Information Addresses **Contacts** Payment Information

Exit Previous Next

**Contacts - Step 5 of 7**

**Company Contacts**

Primary	Name	Phone	Designate Address
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Contact Click Next

Exit Previous Next

\* Required field

The New Supplier Registration *Payment Information* box opens

New Supplier Registration

Identifying Information W9 Information Addresses Contacts **Payment Information** Submit

Exit Previous Next

Payment Information - Step 6 of 7

Payment Preferences

If **Manual Check** is selected, NO banking information is required

Invoice Address

Remit Address

☐ 1099 Reportable

Payment Method

Automated Clearing House  
Manual Check

Supplier Banking Information

\*Country USA United States

\*Bank Name

Branch Name

\*Bank Routing Number

\*Bank Account Number

\*Account Type

Select the preferred **Payment Method** from the drop down box

Supplier Banking Information is where your payments will go

Enter the **Bank Name**

Enter the **Bank Routing Number**

Enter the **Bank Account Number**

Select the Checking or Savings Account from the **Account Type** drop down box

Click Next

Exit Previous Next

\*Required Field

Continue to the next page

**The New Supplier Registration *Submit* box opens**

**New Supplier Registration**

**Submit - Step 7 of 7**

Click the "Review" button to review the registration information.

Click the "Submit" button to submit your registration after reviewing and accepting the following Terms of Agreement.

Email communication regarding this registration will be sent to:

**Email will default in**

After clicking Submit, your request for a new account will be reviewed by the Supplier Maintenance Team. You will receive a confirmation email once your request has been approved. For questions, please e-mail [FSF\\_Supplier\\_Maintenance@state.de.us](mailto:FSF_Supplier_Maintenance@state.de.us), or call 302-672-5000 to speak to someone on the Supplier Maintenance team. Please provide a keycode for re-access should we require more information from you to complete the registration process.

\*Keycode  **Enter the password you created on the previous screen**

Make sure you read terms of agreement fully before submitting your registration.

**Certification:**

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number (or) I am waiting for a number to be issued to me, AND
2. I am not subject to backup withholding because:
  - I am exempt from backup withholding,
  - I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
  - The IRS has notified me that I am no longer subject to backup withholding, AND
3. I am a U.S. citizen or other U.S. person (defined below).

**Definition of a U.S. Person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in regulations section 301.7701-7)

**Electronic System Submission:**

**Under penalties of perjury, I certify that:**

I am the same person (or payee's agent) accessing the system and submitting this form as identified on the Substitute Form W-9.

By submitting this form electronically, I am affixing my electronic signature as the payee identified on the Substitute Form W-9 and I am in agreement with the State of Delaware to accept and process this transaction in electronic form.

"The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding."

☐ Click to accept the Terms of Agreement above.

**Read the Terms of Agreement**  
**Click the accept terms and conditions checkbox**  
**The Submit button will ungrey**  
**Click Submit**


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**The New Supplier Registration *Registration Submit Details* box opens**

**SupplierBidder User registrat**

**Registration Submit Details**

**Submitted**

 You have successfully submitted your registration.

Your registration ID: 00000000

Any email regarding the registration status will be sent to:

**You have successfully submitted your registration request for approval**  
**You will be assigned a Registration ID**  
**Your email will be listed and a confirmation email of your submission for approval will be sent to you**  
**Click the X at the top right of the box to exit**  
**Once your registration has been approved by the Supplier Maintenance team your Supplier record will be established and you will receive an email with your Supplier ID.**

After submitting the W-9 form, no further action needs to be taken. You should receive an email from [DOF\\_DOA\\_eSupplierSupport@state.de.us](mailto:DOF_DOA_eSupplierSupport@state.de.us) acknowledging that the form has been received.



# Correct Financing Documentation

## RETAIL INSTALLMENT SALE CONTRACT - S (WITH ARBITRATION PROVISION)

Dealer Number \_\_\_\_\_ Contract Number \_\_\_\_\_

Vehicle must be new

Buyer Name and Address (Including County and Zip Code)	Co-Buyer Name and Address (Including County and Zip Code) N/A	Seller-Creditor (Name and Address) OURISHAN CHEVROLET OF BOWIE 16610 GOVERNOR BRIDGE RD BOWIE MD 20716 PRINCE GEORGE
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You, the Buyer (and Co-Buyer, if any), may buy the vehicle below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract. You agree to pay the Seller - Creditor (sometimes "we" or "us" in this contract) the Amount Financed and Finance Charge in U.S. funds according to the payment schedule below. We will figure your finance charge on a daily basis. The Truth-in-Lending Disclosures below are part of this contract.

New/Used NEW	Year 2017	Make and Model CHEVROLET VOLT	Vehicle Identification Number	Primary Use For Which Purchased Personal, family, or household unless otherwise indicated below <input type="checkbox"/> business <input type="checkbox"/> agricultural <input type="checkbox"/> N/A
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### FEDERAL TRUTH-IN-LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	Amount Financed The amount of credit provided to you or on your behalf.	Total of Payments The amount you will have paid after you have made all payments as scheduled.	Total Sale Price The total cost of your purchase on credit, including your down payment of
6.00 %	\$ 6.00	\$ 31562.26	\$ 31562.26	\$ 7213.74

Your Payment Schedule Will Be:		
Number of Payments	Amount of Payments	When Payments Are Due
59	526.03	Monthly beginning 09/27/2016
1	526.49	DUE ON: 06/27/2021

XXXXXX: N/A

Late Charge. If payment is not received in full within 15 days after it is due, you will pay a late charge of 10 % of the part of the payment that is late, with a minimum charge of \$ 5.  
Prepayment. If you pay off all your debt early, you will not have to pay a penalty.  
Security Interest. You are giving a security interest in the vehicle being purchased.  
Additional Information: See this contract for more information including information about nonpayment, default, any required repayment in full before the scheduled date and security interest.

### ITEMIZATION OF AMOUNT FINANCED

1 Cash Price	
A Cash Price of Motor Vehicle (including accessories, services, and taxes)	\$ 33041.00 (A)
B Dealer Processing Charge (not required by law)	\$ 300.00 (B)
C Freight Charge	\$ N/A (C)
D Other	\$ N/A (D)
To Whom Paid N/A	
E Other	\$ N/A (E)
To Whom Paid N/A	
Total Cash Price	\$ 33341.00 (1)
2 Total Downpayment =	
Trade-In 2015 NISSAN LEAF	
(Year) (Make) (Model)	
Gross Trade-In Allowance	\$ 10350.00
Less Pay Off Made By Seller NISSAN AUTO FINANCE	\$ 4136.26
Equals Net Trade In	\$ 6213.74
+ Cash	\$ N/A
+ Other MANUFACTURER'S REBATE	\$ 1000.00
(If total downpayment is negative, enter "0" and see 4i below)	\$ 7213.74 (2)
3 Unpaid Balance of Cash Price (1 minus 2)	\$ 26127.26 (3)
4 Other Charges Including Amounts Paid to Others on Your Behalf	
(Seller may keep part of these amounts):	

Insurance. You may buy the physical damage insurance this contract requires (see back) from anyone you choose who is acceptable to us. You are not required to buy any other insurance to obtain credit unless the box indicating Vendor's Single Interest is required is checked below.  
If any insurance is checked below, policies or certificates from the named insurance companies will describe the terms and conditions.

Check the insurance you want and sign below:  
Optional Credit Insurance

☐ Credit Life: ☐ Buyer ☐ Co-Buyer ☐ Both  
☐ Credit Disability: ☐ Buyer ☐ Co-Buyer ☐ Both

Premium:

Credit Life \$ N/A

Credit Disability \$ N/A

Insurance Company Name N/A

N/A

Home Office Address N/A

N/A

Credit life insurance and credit disability insurance are not required to obtain credit. Your decision to buy or not to buy credit life insurance or credit disability insurance will not be a factor in the credit approval process. They will not be provided unless you sign and agree to pay the extra cost. If you choose this insurance, the cost is shown in item 4A of the Itemization of Amount Financed. Credit life insurance is based on your original payment schedule. This insurance may not pay all you owe on this contract if you make late payments. Credit disability insurance does not cover any increase in your payment or in the number of payments. Coverage for credit life insurance and credit disability insurance ends on the original due date for the last payment unless a different term for the insurance is shown below.

### Other Optional Insurance

☐ N/A Type of Insurance N/A Term

Premium \$ N/A

Insurance Company Name N/A

N/A

Home Office Address N/A

N/A

☐ N/A Type of Insurance N/A Term

Premium \$ N/A

Insurance Company Name N/A

N/A

Form must show that the vehicle has been financed

## Correct Lease Documentation (Page 1)

### MOTOR VEHICLE LEASE AGREEMENT



FORD CREDIT

www.fordcredit.com

1-800-727-7000

DATE 09/10/2016

LESSEE (and Co-Lessee) Name and Address (Including County and Zip Code)

N/A

LESSOR (Name and Address)

WILLIS FORD INC  
15 NORTH DUPONT HIGHWAY  
SMYRNA, DE 19977

Finance Company" is Ford Motor Credit Company The "Holder" is CAB East LLC and its assigns.  
signing "You" (Lessee and Co-Lessee) agree to lease this Vehicle according to the terms in this lease and the terms of the WearCare Addendum,  
any, attached to this lease.

If Your payment schedule is shown in Item 2(a), You entered into a "Monthly Payment Lease."

If Your payment schedule is shown in Item 2(b), You entered into an "Advance Payment Lease."

New/Used	Mileage at Delivery	Year/Make/Model	Vehicle Identification Number	Vehicle Use
New	83	2016 Ford C-Max Energi		Personal

Vehicle  
must be  
new

## Correct Lease Documentation (Page 2)

<b>1. Amount Due At Lease Signing or Delivery (Itemized Below) *</b>  \$ 13,957.00	<b>2. Payments</b> <b>(a) Monthly Payments</b> Your first payment of \$ 546.82 is due on 09/10/2016, followed by 35 payments of \$ 546.82 due on the 10th day of each month. The total of Your monthly payments is \$ 19,685.52 <b>(b) Advance Payment</b> Your Payment of \$ N/A is due on N/A The total of Your payment is \$ N/A	<b>3. Other Charges (not part of Your monthly payment)</b> Disposition fee (if You do not purchase the Vehicle) \$ N/A  N/A N/A  Total \$ N/A	<b>4. Total of Payments (The amount You will have paid by the end of the lease)</b>  \$ 33,085.70
<b>5. Amounts Due At Lease Signing or Delivery:</b>			
Capitalized cost reduction \$ 13,410.18 First monthly payment 546.82 Advance payment N/A Refundable security deposit N/A Title fees N/A Registration fees N/A Acquisition fee N/A N/A N/A N/A N/A j. N/A N/A k. N/A N/A l. N/A N/A m. N/A N/A n. N/A N/A o. N/A N/A p. N/A N/A q. N/A N/A r. N/A N/A s. N/A N/A t. N/A N/A u. N/A N/A Total \$ 13,957.00		<b>6. How the Amount Due At Lease Signing or Delivery will be paid:</b> a. Net trade-in allowance \$ 0.00 b. Rebates and noncash credits 13,957.00 c. Amount to be paid in cash N/A d. N/A N/A  Total \$ 13,957.00	
<b>7. Your payment is determined as shown below:</b>			
a. Gross capitalized cost. The agreed upon value of the Vehicle (\$ 42,591.00 ) and any items You pay over the lease term (such as service contracts, insurance, and any outstanding prior credit or lease balance) (See Item 19)** \$ 44,765.00 b. Capitalized cost reduction. The amount of any net trade-in allowance, rebate, noncash credit, or cash that You pay that reduces the gross capitalized cost. - 13,410.18 c. Adjusted capitalized cost. The amount used in calculating Your base payment. = 31,354.82 d. Residual value. The value of the Vehicle at the end of the lease used in calculating Your base payment. - 12,542.40 e. Depreciation and any amortized amounts. The amounts charged for the Vehicle's decline in value through normal use and for other items paid over the lease term. = 18,812.42 f. Rent charge. The amount charged in addition to the depreciation and any amortized amounts. + 488.98 g. Total of base payments. The depreciation and any amortized amounts plus the rent charge. = 19,301.40 h. Lease payments. The number of payments in Your lease. + 36 i. Base payment. = 536.15 j. Sales / Use tax. + 10.67 k. N/A + N/A l. N/A + N/A m. Total payment. \$ 546.82 n. Lease term in months. 36			
<b>Early Termination.</b> You may have to pay a substantial charge if You end this lease early. The charge may be up to several thousand dollars. The actual charge will depend on when the lease is terminated. The earlier You end the lease, the greater this charge is likely to be.			
<b>8. Excess Wear and Use.</b> You may be charged for excessive wear based on our standards for normal use. At the scheduled end of this lease unless You purchase the Vehicle, You must pay to Lessor \$0.20 per mile for each mile in excess of 45,083 miles shown on the odometer. See Items 23 and 28 and the Wear Care Addendum, if any, attached to this lease for additional excess wear and use terms.			
<b>9. Extra Mileage Option Credit.</b> At the scheduled end of this lease, You will receive a credit of \$0. N/A per unused mile for the number of unused miles between 45,083 and 45,083 miles, less any amounts You owe under this lease. You will not receive any credit if the Vehicle is destroyed, if You terminate Your lease early, exercise any purchase option, are in default or the credit is less than \$1.00.			
<b>10. Purchase Option at End of Lease Term.</b> \$ 13,042.40 plus official fees and taxes, and a reasonable documentary fee if allowed by law, is Your lease end purchase option price. You have the option to purchase the Vehicle at the end of the lease term from a party designated by the Holder for the purchase option price if You are not in default.			
<b>11. Other Important Terms.</b> See Your lease documents for additional information on early termination, purchase option and maintenance responsibilities, warranties, late and default charges, insurance, and any security interests, if applicable.			

Lease must be for at least 3 years/ 36 months

Dealer should indicate where rebate was taken off the final bill of sale.

# Correct Tesla Sales Slip



## Motor Vehicle Purchase Agreement Final Price Sheet

Vehicle  
must be  
new

DATE OF AGREEMENT:	August 2, 2016
BUYER'S AND CO-BUYER'S NAME AND ADDRESS:	SELLER'S NAME AND ADDRESS:
	Tesla Motors, Inc. 35500 Fremont Blvd. Fremont, CA 94538
VEHICLE TO BE DELIVERED ON OR ABOUT:	07/17/2016

VEHICLE IDENTIFICATION						
New/Used	Year	Make	Model	Style	Vehicle Identification Number	ODO Mileage
New	2016	TESLA	Model X 90D	UT		000050

PURCHASE PRICE		
<b>1. Total Cash Price</b>		
A. Cash price of motor vehicle, options, accessories and fees. (See attached Vehicle Configuration for itemization.)	\$ 112,950.00	(A)
B. Other	\$	(B)
C. Other	\$	(C)
D. Subtotal of Taxable Items (A through C)	\$ 112,950.00	(D)
E. Sales Tax	\$ 0.00	(E)
Total Cash Price (D through E)	\$ 112,950.00	(1)
<b>2. Amounts Paid to Government Agencies*</b>		
A. Vehicle License Fees	\$ 0.00	(A)
B. Registration/Transfer/Titling Fees	\$ 0.00	(B)
C. Tire Fee	\$ 0.00	(C)
D. Other	\$ 0.00	(D)
E. Other	\$ 0.00	(E)
Total Government Fees (A through E)	\$ 0.00	(2)
<b>3. Subtotal (1 through 2)</b>	\$ 112,950.00	(3)
<b>4. Total Credits</b>		
A. Order Payment	\$ 5,000.00	(A)
B. Value of Tesla Trade-In Vehicle (see Trade-in Annex)	\$ 23,000.00	(B)
C. Other	\$ 0.00	(C)
D. Order Modification Fee Credit	\$ 0.00	(D)
Total Credits (A through D)	\$ 28,000.00	(4)
<b>5. Amount Due from Buyer (3 through 4)</b>	\$ 84,950.00	(5)

\* Seller may retain or receive part of the amounts paid to others.

Auto Broker Fee: This transaction is not subject to a fee received by an auto broker from Seller unless this box is checked:

☐ If checked, name of auto broker receiving fee: n/a